

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 265

## 1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 327 Case Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Joella McGhee

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Henry A. McGhee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased March 29 1853  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
86 7 17 hr. min.9. Birthplace Sturgeon, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name John J. Sewell13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name NOT KNOWN15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Joella McGhee(b) Address Jefferson City, Mo17. (a) Burial (b) Date thereof Nov-13-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Providence Church  
Near Columbia, Missouri18. (a) Signature of funeral director Jefferson City, Mo

(b) Address \_\_\_\_\_

19. (a) 11/13/39 (b) P. H. B. Spivey  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11<sup>th</sup>  
year 1939 hour 8 minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from patient  
was dead when I arrived to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Joella McGhee (M. D. or other) MD  
Address Jefferson City, Mo Date signed Nov 13

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Louis Quert*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Louis Quert*.....

Licensed Embalmer No. *4196*.....

P. O. Address *Jefferson City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**